

| | | | |
|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PACL-127015095</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Pacific Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>47863</i> |
| <i>Company Tracking Number:</i> | <i>APPS</i> | | |
| <i>TOI:</i> | <i>A03I Individual Annuities - Deferred Variable</i> | <i>Sub-TOI:</i> | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i> | <i>Application</i> | | |
| <i>Project Name/Number:</i> | <i>Application/25-1198</i> | | |

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Application

TOI: A03I Individual Annuities - Deferred
Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: PACL-127015095 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47863

Co Tr Num: APPS

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Maysy Novak, Brian
Deleget, Karen Givens

Disposition Date: 02/08/2011

Date Submitted: 02/02/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 04/29/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Application

Project Number: 25-1198

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/08/2011

State Status Changed: 02/08/2011

Created By: Maysy Novak

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Maysy Novak

Filing Description:

To the Individual Life Insurance Department of Arkansas.

We are submitting the following variable annuity applications for approval in your state:

Form Number(s) - Form Description

25-1198 Variable Annuity Application

25-1199 Variable Annuity Application

25-1200 Variable Annuity Application

| | | | |
|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PACL-127015095</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Pacific Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>47863</i> |
| <i>Company Tracking Number:</i> | <i>APPS</i> | | |
| <i>TOI:</i> | <i>A03I Individual Annuities - Deferred Variable</i> | <i>Sub-TOI:</i> | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i> | <i>Application</i> | | |
| <i>Project Name/Number:</i> | <i>Application/25-1198</i> | | |

25-1201 Variable Annuity Application

When approved, the forms submitted will replace the application forms listed below, previously approved by the Department as of the dates shown.

Application Form No. Submitted - Replaces Application Form No. - Date Approved - State Tracking No. - SERFF Tracking No.

25-1198 - 25-1174 - 11/5/2009 - 43971 - PACL-126367877
 25-1199 - 25-1185 - 8/4/2010 - 46309 - PACL-126708889
 25-1200 - 25-1180 - 8/16/2010 - 46475 - PACL-126746555
 25-1201 - 25-1170 - 9/28/2009 - 43556 - PACL-126272908

The form has been revised primarily as follows:

- Revised the Allocations Options section
- Revised the Optional Riders section

Availability

The forms submitted will be used to apply for their respective individual annuity contracts list below, as well as any future variable annuity contracts that may be approved prospectively by the Department:

Application Form No. Submitted - Contract Form No. - Date Approved - State Tracking No. - SERFF Tracking No.

25-1198 - 10-10300 - 11/25/2002 - N/A - N/A
 25-1198 - 10-1108 - 4/14/2004 - 26069 - USPH-5XUQHZ984
 25-1198 - 10-1130 - 9/15/2006 - 33657 - USPH-6T8LDL846
 25-1198 - 10-1107 - 1/31/2006 - 31740 - USPH-6L4R2B106
 25-1198 - 10-1128 - 1/12/2006 - 31553 - USPH-6K8MUR948
 25-1198 - 10-17800 - 4/4/2003 - 22504 - USPH-5L3VPU266
 25-1199 - 10-1185 - 8/4/2010 - 46309 - PACL-126708889
 25-1199 - 10-1185-L - 8/4/2010 - 46309 - PACL-126708889
 25-1200 - 10-1180 - 8/16/2010 - 46475 - PACL-126746555
 25-1201 - 10-1170 - 9/28/2009 - 43556 - PACL-126272908

Statement of Variability

Each application has been completed in John Doe fashion. Bracketed matter (variable material) shown within each applicable section is subject to change. The accompanying Statement of Variability provides an explanation of the

SERFF Tracking Number: PACL-127015095 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 47863
Company Tracking Number: APPS
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Application
Project Name/Number: Application/25-1198
variable material that has been bracketed.

The form submitted:

- is exempt from flesch score readability requirements as it is a security subject to federal jurisdiction; and
- is in final print and subject only to minor modification in paper size, stock, ink, border, Company logo, adaptation to electronic media or computer printing and as otherwise specified in the accompanying Statement of Variability.

All required transmittals, checklists, certifications and/or filing fees, as applicable, are included in this submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 7262.

Sincerely,

J. Brian Deleget
Director, Compliance
Email: rsdmbproduct.filing@pacificlife.com

Company and Contact

Filing Contact Information

J. Brian Deleget, Director, Compliance
700 Newport Center Drive
Newport Beach, CA 92660

Brian.Deleget@PacificLife.com
949-219-7262 [Phone]
949-219-0579 [FAX]

Filing Company Information

Pacific Life Insurance Company
700 Newport Center Drive
Newport Beach, CA 92660-6397
(800) 722-2333 ext. [Phone]

CoCode: 67466
Group Code: 709
Group Name:
FEIN Number: 95-1079000

State of Domicile: Nebraska
Company Type: Annuities
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00

| | | | |
|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PACL-127015095</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Pacific Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>47863</i> |
| <i>Company Tracking Number:</i> | <i>APPS</i> | | |
| <i>TOI:</i> | <i>A03I Individual Annuities - Deferred Variable</i> | <i>Sub-TOI:</i> | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i> | <i>Application</i> | | |
| <i>Project Name/Number:</i> | <i>Application/25-1198</i> | | |
| Retaliatory? | No | | |
| Fee Explanation: | 4 X \$50 = \$200.00 | | |
| Per Company: | No | | |

| | | | |
|--------------------------------|---------------|-----------------------|----------------------|
| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
| Pacific Life Insurance Company | \$200.00 | 02/02/2011 | 44328990 |

| | | | |
|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PACL-127015095</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Pacific Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>47863</i> |
| <i>Company Tracking Number:</i> | <i>APPS</i> | | |
| <i>TOI:</i> | <i>A03I Individual Annuities - Deferred Variable</i> | <i>Sub-TOI:</i> | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i> | <i>Application</i> | | |
| <i>Project Name/Number:</i> | <i>Application/25-1198</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Linda Bird | 02/08/2011 | 02/08/2011 |

| | | | |
|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PACL-127015095</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Pacific Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>47863</i> |
| <i>Company Tracking Number:</i> | <i>APPS</i> | | |
| <i>TOI:</i> | <i>A03I Individual Annuities - Deferred Variable</i> | <i>Sub-TOI:</i> | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i> | <i>Application</i> | | |
| <i>Project Name/Number:</i> | <i>Application/25-1198</i> | | |

Disposition

Disposition Date: 02/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-127015095 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number: 47863

Company Tracking Number: APPS

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application

Project Name/Number: Application/25-1198

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | CERTIFICATION | | Yes |
| Supporting Document | Statement of Variability | | Yes |
| Form | Variable Annuity Application | | Yes |
| Form | Variable Annuity Application | | Yes |
| Form | Variable Annuity Application | | Yes |
| Form | Variable Annuity Application | | Yes |

SERFF Tracking Number: PACL-127015095 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number: 47863

Company Tracking Number: APPS

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application

Project Name/Number: Application/25-1198

Form Schedule

Lead Form Number: 25-1198

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|---|---------|----------------------|-------------|----------------------|
| | 25-1198 | Application/ Variable Annuity Enrollment Application Form | Initial | | 0.000 | 25-1198 John Doe.pdf |
| | 25-1199 | Application/ Variable Annuity Enrollment Application Form | Initial | | 0.000 | 25-1199 John Doe.pdf |
| | 25-1200 | Application/ Variable Annuity Enrollment Application Form | Initial | | 0.000 | 25-1200 John Doe.pdf |
| | 25-1201 | Application/ Variable Annuity Enrollment Application Form | Initial | | 0.000 | 25-1201 John Doe.pdf |

**PACIFIC LIFE**

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (800) 722-2333]

[Pacific Value]

Variable Annuity Application

NOTE: This application may only be used in the following states: [AL, AR, CT, DE, DC, IL, MT, NV, ND, & SD.]

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

| | | | | |
|---|--|--|--|---|
| Name (First, Middle, Last) John, Jim, Doe | | Birth Date (mo/day/yr) 01/01/1960 | | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address 123 Anystreet | | City, State, ZIP Anytown, CA, 10000 | | SSN 123-45-6789 |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

| | |
|------------------------------|---|
| Solicited at: State _____ | <i>Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative appointment purposes.</i> |
|------------------------------|---|

ADDITIONAL ANNUITANT *Not applicable for qualified contracts or on contracts with non-natural owners. Check One:* ☐ Joint ☐ Contingent

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN/TIN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

ADDITIONAL OWNER *Not applicable for qualified contracts.*

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

3. DEATH BENEFIT COVERAGE☐ [Stepped-Up Death Benefit Annuitant(s) must not be over age 75 at issue.]

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



4. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

6. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

7. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

| | | | | | |
|--|--------------------------------------|--|------------------------|------------------------|------------------------|
| Name (First, Middle, Last) Jane, Jenny, Doe | Birth Date (mo/day/yr) 01/01/1969 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship Spouse | SSN/TIN 112-34-5678 | Percentage 100 % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |



8. CONTRACT TYPE *Select ONE.*

| | | | | | |
|--|--|--|--|--|---|
| <input checked="" type="checkbox"/> Non-Qualified ^{1,2} | <input type="checkbox"/> SIMPLE IRA ⁴ | <input type="checkbox"/> Roth IRA ³ | <input type="checkbox"/> 401(a) ⁶ | <input type="checkbox"/> 457(b)-gov't. entity ⁶ | <input type="checkbox"/> Keogh/HR-10 ⁶ |
| <input type="checkbox"/> IRA ³ | <input type="checkbox"/> SEP-IRA | <input type="checkbox"/> TSA/403(b) ⁵ | <input type="checkbox"/> 401(k) ⁶ | <input type="checkbox"/> 457(b)-501(c) tax exempt ⁶ | <input type="checkbox"/> Individual(k) ⁷] |

[¹For trust-owned contracts, complete *Trustee Certification and Disclosure*. ²For non-qualified contracts, if Owner is a non-natural person or corporation, complete the *Non-Natural or Corporate-Owned Disclosure Statement*. ³For individual-owned or trust-owned *Inherited IRA* contracts, complete appropriate *Inherited IRA Certification*. ⁴Complete *SIMPLE IRA Employer Information*. ⁵Complete *TSA Certification*. ⁶Complete *Qualified Plan and 457(b) Plan Disclosure*. ⁷Complete *Individual(k) Qualified Plan Disclosure*.]

9. INITIAL PURCHASE PAYMENT *Make check payable to Pacific Life Insurance Company.*

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

| |
|---|
| <input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____ |
| <input checked="" type="checkbox"/> Amount enclosed.....\$ <u>25,000.00</u> |

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

| | |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Transfer | \$ _____ |
| <input type="checkbox"/> Rollover | \$ _____ |
| <input type="checkbox"/> Contribution | \$ _____ for tax year _____ |

10. REPLACEMENT

10A. EXISTING INSURANCE

| |
|--|
| <div>CHECK ONE</div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

10B. REPLACEMENT

| |
|--|
| <div>CHECK ONE</div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

| | | |
|------------------------|---------------------------|--|
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |

11. OPTIONAL RIDERS Subject to state availability. *To qualify for [CoreIncome Advantage Plus, CoreIncome Advantage5 Plus, CoreProtect Advantage, Income Access, GPA3, or GIA Plus rider] benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[11A. Guaranteed Minimum Withdrawal Benefit *You may select only ONE.*

- ☐ **CoreIncome Advantage Plus-Single Life Annuitant(s)** *must not be over age 85 at issue.*
- ☐ **CoreIncome Advantage Plus-Joint Life** *Both spouses must not be over age 85 at issue. See note below.*
- ☐ **CoreIncome Advantage5 Plus-Single Life Annuitant(s)** *must not be over age 85 at issue.*
- ☐ **CoreIncome Advantage5 Plus-Joint Life** *Both spouses must not be over age 85 at issue. See note below.*

Note (applies to Joint Life selections): Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.

- ☐ **CoreProtect Advantage Annuitant(s)** *must be no younger than age 55 and no older than age 85 at issue.*
- ☐ **Income Access** *with automatic Reset/Step-up Option. Annuitant(s) must not be over age 85 at issue.*
 - ☐ I elect to opt out of the Income Access Automatic Reset/Step-up Option.

11B. ☐ **GPA3 Annuitant(s)** *must not be over age 85 at issue, which must be at least 10 years prior to the annuity date.*

11C. ☐ **GIA Plus Annuitant(s)** *must not be over age 80 at issue.*

11D. ☐ **EEG Annuitant(s)** *must not be over age 75 at issue.]*

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.



12. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select a Custom Model in Section 16 and are using DCA Plus, you must allocate 100% of your investment to the DCA Plus term. If you select Asset Allocation Strategies or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations form]. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment. Note: Only DCA Plus may be used with Custom Models.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated or if a Custom Model is selected in Section 16.]

13. REBALANCING *If you select a Custom Model in Section 16, rebalancing will be quarterly. Otherwise, Rebalancing is optional.*

☐ Quarterly ☐ Semiannually ☐ Annually]

14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

15. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

[District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]



16. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below, and where applicable if a selection was made in section 12, unless alternate instructions are on file or provided with the investment.

IMPORTANT: To be eligible for an optional rider in Section 11, you must select **ONE** of the following options:

- I. **Asset Allocation Strategies (Category D):** Indicate the percentage of your investment for each Asset Allocation Strategy. Allocations may be among these strategies and must total 100%. NOTE: [Portfolio Optimization Aggressive-Growth is not approved for investment if an Optional Rider is selected in Section 11.]
- II. **Custom Models:** For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D, excluding [Portfolio Optimization Aggressive-Growth.]







If you want to select individual investments and are not choosing an optional rider in Section 11, you may indicate any combination of investments. Allocations must total 100%.

| | | | | | | | |
|---|------------------------|-------------------------|-------|--------------------|------------------------------------|------------------------------------|----------------|
| [Select one: <input checked="" type="checkbox"/> ASSET ALLOCATION STRATEGIES (CATEGORY D) <input type="checkbox"/> CUSTOM MODEL <input type="checkbox"/> INDIVIDUAL INVESTMENTS | | | | | | | |
| <u>Category A</u> Fixed-Income Portfolios | Eaton Vance | Floating Rate Loan | ____% | T. Rowe Price | Short Duration Bond | ____% | |
| | PAM | Cash Management | ____% | Western Asset | | | |
| | PAM | High Yield Bond | ____% | Management | Diversified Bond | ____% | |
| | PIMCO | Managed Bond | ____% | Western Asset | | | |
| | PIMCO | Inflation Managed | ____% | Management | Inflation Protected | ____% | |
| | | | | | | | ____%Total |
| <u>Category B</u> Domestic Equity Portfolios | Alger | Small-Cap Growth | ____% | Invesco | Comstock | ____% | |
| | BlackRock | Equity Index | ____% | Janus | Growth LT | ____% | |
| | BlackRock | Mid-Cap Value | ____% | Janus | Focused 30 | ____% | |
| | BlackRock | Small-Cap Index | ____% | J.P. Morgan | Long/Short Large-Cap | ____% | |
| | Capital Research | American Funds® | | Lazard | Mid-Cap Equity | ____% | |
| | | Growth-Income | ____% | Morgan Stanley | Mid-Cap Growth | ____% | |
| | Capital Research | American Funds® | | NFJ | Small-Cap Value | ____% | |
| | | Growth | ____% | Oppenheimer | Main Street® Core | ____% | |
| | ClearBridge | Large-Cap Value | ____% | T. Rowe Price | Dividend Growth | ____% | |
| | Franklin/BlackRock | Small-Cap Equity | ____% | UBS | Large-Cap Growth | ____% | |
| | | | | | | | ____%Total |
| <u>Category C</u> International Equity and Sector Portfolios | Batterymarch | International Small-Cap | | J.P. Morgan | International Value | ____% | |
| | | Technology | ____% | MFS | International Large-Cap | ____% | |
| | Columbia | Health Sciences | ____% | Morgan Stanley | Real Estate | ____% | |
| | Jennison | | ____% | Oppenheimer | Emerging Markets | ____% | |
| | | | | | | | ____%Total |
| <u>Category D</u> Asset Allocation Strategies | Pacific Dynamix | Conservative Growth | 100 % | AllianceBernstein | VPS | | |
| | Pacific Dynamix | Moderate Growth | ____% | | Balanced Wealth Strategy | ____% | |
| | Pacific Dynamix | Growth | ____% | American Funds® | Asset Allocation | ____% | |
| | Portfolio Optimization | Conservative | ____% | BlackRock | Global Allocation V.I. Fund | ____% | |
| | Portfolio Optimization | Moderate-Conservative | ____% | Franklin Templeton | VIP Founding Funds | ____% | |
| | Portfolio Optimization | Moderate | ____% | GE Investments | Total Return Fund | ____% | |
| | Portfolio Optimization | Growth | ____% | Invesco | V.I. Balanced-Risk Allocation Fund | ____% | |
| | Portfolio Optimization | Aggressive-Growth* | ____% | MFS | Total Return Series | ____% | |
| | | | | | | PIMCO Global Multi-Asset Portfolio | ____% |
| | | | | | | | ____%Total |
| * Not available for investment if an Optional Rider is selected in Section 11. | | | | | | | 100%Total] |
| CATEGORIES A – D MUST TOTAL 100% | | | | | | | |





17. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I certify that all answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.


| | | | |
|--|--|---|--|
| Owner's Signature  <i>John J. Doe</i> | Date (mo/day/yr)  02/01/2011 | Signed at: City  Anytown, CA | State  C A |
| Joint Owner's Signature (if applicable)  | Date (mo/day/yr)  | | |

18. REGISTERED REPRESENTATIVE'S STATEMENT

| | |
|---|---|
| 18A.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.) |
| 18B.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? |

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options, and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

| | | |
|--|--|--|
| Soliciting Registered Representative's Signature  <i>Cindy Brown</i> | Print Registered Representative's Full Name Cindy Brown | Option <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
| Registered Representative's Telephone Number (123) 456-7890 | Registered Representative's E-Mail Address cbrown@brokeragefirm.net | |
| Broker/Dealer's Name Brown & Associates, Inc. | Brokerage Account Number (optional) | |

[Send completed application as follows:

APPLICATION WITH PAYMENT:

Regular Mail Delivery: P.O. Box 2290, Omaha, NE 68103-2290
 Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102

APPLICATION WITHOUT PAYMENT:

Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
 Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]



**PACIFIC LIFE**

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (800) 722-2333]

[Pacific Journey Select]

Variable Annuity Application

NOTE: This application may only be used in the following states: [AL, AR, CT, DE, DC, IL, MT, NV, ND, & SD.]

1. FOUR YEAR WITHDRAWAL CHARGE OPTION Election of this option is only available at contract issue and is not revocable. If elected, subsequent premium payments will be limited to the first contract year only and the mortality and expense risk charge will be higher in the first four contract years.

CHECK
IF YES☐ Yes

Use this section to elect the four year withdrawal charge option.

2. ANNUITANT(S) Must be an individual. Check product guidelines for maximum issue age.

| | | |
|---|---------------------------------------|---|
| Name (First, Middle, Last) John, Jim, Doe | Birth Date (mo/day/yr) 01/01/1960 | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address 123 Anystreet | City, State, ZIP Anytown, CA 10000 | SSN 123-45-6789 |
| Residential Address (if different than mailing address) | City, State, ZIP | |

Solicited at: State

Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types.
Information put here will be used for contract and registered representative appointment purposes.

ADDITIONAL ANNUITANT Not applicable for qualified contracts or contracts with non-natural owners. Check One: ☐ Joint ☐ Contingent

| | | |
|---|------------------------|--|
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | City, State, ZIP | SSN |
| Residential Address (if different than mailing address) | City, State, ZIP | |

3. OWNER(S) If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.

| | | |
|---|------------------------|--|
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | City, State, ZIP | SSN/TIN |
| Residential Address (if different than mailing address) | City, State, ZIP | |

ADDITIONAL OWNER Not applicable for qualified contracts.

| | | |
|---|------------------------|--|
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | City, State, ZIP | SSN |
| Residential Address (if different than mailing address) | City, State, ZIP | |

4. DEATH BENEFIT COVERAGE

☐ [Stepped-Up Death Benefit Annuitant(s) must not be over age 75 at issue.

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



5. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

6. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

7. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

8. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 15, Special Requests, to provide additional beneficiary information.

| | | | | | |
|--|--------------------------------------|--|------------------------|------------------------|------------------------|
| Name (First, Middle, Last) Jane Doe | Birth Date (mo/day/yr) 01/01/1950 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship Spouse | SSN/TIN 123-45-7896 | Percentage 100 % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |



9. CONTRACT TYPE *Select ONE.*

| | | | | | |
|--|--|--|--|--|---|
| <input checked="" type="checkbox"/> Non-Qualified ^{1,2} | <input type="checkbox"/> SIMPLE IRA ⁴ | <input type="checkbox"/> Roth IRA ³ | <input type="checkbox"/> 401(a) ⁶ | <input type="checkbox"/> 457(b)-gov't. entity ⁶ | <input type="checkbox"/> Keogh/HR-10 ⁶ |
| <input type="checkbox"/> IRA ³ | <input type="checkbox"/> SEP-IRA | <input type="checkbox"/> TSA/403(b) ⁵ | <input type="checkbox"/> 401(k) ⁶ | <input type="checkbox"/> 457(b)-501(c) tax exempt ⁶ | <input type="checkbox"/> Individual(k) ⁷] |

[¹For trust-owned contracts, complete *Trustee Certification and Disclosure*. ²For non-qualified contracts, if Owner is a non-natural person or corporation, complete the *Non-Natural or Corporate-Owned Disclosure Statement*. ³For individual-owned or trust-owned *Inherited IRA* contracts, complete appropriate *Inherited IRA Certification*. ⁴Complete *SIMPLE IRA Employer Information*. ⁵Complete *TSA Certification*. ⁶Complete *Qualified Plan and 457(b) Plan Disclosure*. ⁷Complete *Individual(k) Qualified Plan Disclosure*.]

10. INITIAL PURCHASE PAYMENT *Make check payable to Pacific Life Insurance Company.*

10A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

| |
|---|
| <input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____ |
| <input checked="" type="checkbox"/> Amount enclosed.....\$ <u>25,000.00</u> |

10B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

| | |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Transfer | \$ _____ |
| <input type="checkbox"/> Rollover | \$ _____ |
| <input type="checkbox"/> Contribution | \$ _____ for tax year _____ |

11. REPLACEMENT

11A. EXISTING INSURANCE

| |
|--|
| <div>CHECK ONE</div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

11B. REPLACEMENT

| |
|--|
| <div>CHECK ONE</div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

| | | |
|------------------------|---------------------------|--|
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |

12. OPTIONAL RIDERS Subject to state availability. *To qualify for [CoreIncome Advantage Plus, CoreIncome Advantage5 Plus, CoreProtect Advantage, Income Access, GPA3, or GIA Plus rider] benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[12A. Guaranteed Minimum Withdrawal Benefit *You may select only ONE.*

- ☐ **CoreIncome Advantage Plus-Single Life Annuitant(s)** *must not be over age 85 at issue.*
- ☐ **CoreIncome Advantage Plus-Joint Life** *Both spouses must not be over age 85 at issue. See note below.*
- ☐ **CoreIncome Advantage5 Plus-Single Life Annuitant(s)** *must not be over age 85 at issue.*
- ☐ **CoreIncome Advantage5 Plus-Joint Life** *Both spouses must not be over age 85 at issue. See note below.*

Note (applies to Joint Life selections): Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.

- ☐ **CoreProtect Advantage Annuitant(s)** *must be no younger than age 55 and no older than age 85 at issue.*
- ☐ **Income Access** *with automatic Reset/Step-up Option. Annuitant(s) must not be over age 85 at issue.*
 - ☐ I elect to opt out of the Income Access Automatic Reset/Step-up Option.

12B. ☐ **GPA3 Annuitant(s)** *must not be over age 85 at issue, which must be at least 10 years prior to the annuity date.*

12C. ☐ **GIA Plus Annuitant(s)** *must not be over age 80 at issue.*

12D. ☐ **EEG Annuitant(s)** *must not be over age 75 at issue.]*

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.

13. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select a Custom Model in Section 17 and are using DCA Plus, you must allocate 100% of your investment to the DCA Plus term. If you select Asset Allocation Strategies or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 15, Special Requests, or the [Transfers and Allocations form]. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment. Note: Only DCA Plus may be used with Custom Models.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated or if a Custom Model is selected in Section 16.]

14. REBALANCING *If you select a Custom Model in Section 17, rebalancing will be quarterly. Otherwise, Rebalancing is optional.*

[☐ Quarterly ☐ Semiannually ☐ Annually]

15. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

16. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

[District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]

17. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below, and where applicable if a selection was made in section 13, unless alternate instructions are on file or provided with the investment.

IMPORTANT: To be eligible for an optional rider in Section 12, you must select **ONE** of the following options:

- I. **Asset Allocation Strategies (Category D):** Indicate the percentage of your investment for each Asset Allocation Strategy. Allocations may be among these strategies and must total 100%. NOTE: [Portfolio Optimization Aggressive-Growth is not approved for investment if an Optional Rider is selected in Section 12.]
- II. **Custom Models:** For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D, excluding [Portfolio Optimization Aggressive-Growth.]







If you want to select individual investments and are not choosing an optional rider in Section 12, you may indicate any combination of investments. Allocations must total 100%.

| | | | | | | |
|--|------------------------|-------------------------|-------|--------------------------|------------------------------------|-----------------------|
| [Select one: <input checked="" type="checkbox"/> ASSET ALLOCATION STRATEGIES (CATEGORY D) <input type="checkbox"/> CUSTOM MODEL <input type="checkbox"/> INDIVIDUAL INVESTMENTS | | | | | | |
| Category A Fixed-Income Portfolios | Eaton Vance | Floating Rate Loan | ____% | T. Rowe Price | Short Duration Bond | ____% |
| | PAM | Cash Management | ____% | Western Asset | | |
| | PAM | High Yield Bond | ____% | Management | Diversified Bond | ____% |
| | PIMCO | Managed Bond | ____% | Western Asset | | |
| | PIMCO | Inflation Managed | ____% | Management | Inflation Protected | ____% |
| | | | | | | ____%Total |
| Category B Domestic Equity Portfolios | Alger | Small-Cap Growth | ____% | Invesco | Comstock | ____% |
| | BlackRock | Equity Index | ____% | Janus | Growth LT | ____% |
| | BlackRock | Mid-Cap Value | ____% | Janus | Focused 30 | ____% |
| | BlackRock | Small-Cap Index | ____% | J.P. Morgan | Long/Short Large-Cap | ____% |
| | Capital Research | American Funds® | ____% | Lazard | Mid-Cap Equity | ____% |
| | | Growth-Income | ____% | Morgan Stanley | Mid-Cap Growth | ____% |
| | Capital Research | American Funds® | ____% | NFJ | Small-Cap Value | ____% |
| | | Growth | ____% | Oppenheimer | Main Street® Core | ____% |
| | ClearBridge | Large-Cap Value | ____% | T. Rowe Price | Dividend Growth | ____% |
| | Franklin/BlackRock | Small-Cap Equity | ____% | UBS | Large-Cap Growth | ____% |
| | | | | | | ____%Total |
| Category C International Equity and Sector Portfolios | Batterymarch | International Small-Cap | ____% | J.P. Morgan | International Value | ____% |
| | | Technology | ____% | MFS | International Large-Cap | ____% |
| | Columbia | Health Sciences | ____% | Morgan Stanley | Real Estate | ____% |
| | Jennison | | ____% | Oppenheimer | Emerging Markets | ____% |
| | | | | | | ____%Total |
| Category D Asset Allocation Strategies | Pacific Dynamix | Conservative Growth | 100 % | AllianceBernstein | VPS | |
| | Pacific Dynamix | Moderate Growth | ____% | Balanced Wealth Strategy | | ____% |
| | Pacific Dynamix | Growth | ____% | American Funds® | Asset Allocation | ____% |
| | Portfolio Optimization | Conservative | ____% | BlackRock | Global Allocation V.I. Fund | ____% |
| | Portfolio Optimization | Moderate-Conservative | ____% | Franklin Templeton | VIP Founding Funds | ____% |
| | Portfolio Optimization | Moderate | ____% | GE Investments | Total Return Fund | ____% |
| | Portfolio Optimization | Growth | ____% | Invesco | V.I. Balanced-Risk Allocation Fund | ____% |
| | Portfolio Optimization | Aggressive-Growth* | ____% | MFS | Total Return Series | ____% |
| | | | | PIMCO | Global Multi-Asset Portfolio | ____% |
| | | | | | | ____%Total |
| * Not available for investment if an Optional Rider is selected in Section 12. | | | | | | 100%Total] |
| CATEGORIES A – D MUST TOTAL 100% | | | | | | |





18. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I certify that all answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.


| | | | |
|--|--|---|--|
| Owner's Signature  <i>John F. Doe</i> | Date (mo/day/yr)  02/01/2011 | Signed at: City  Anytown, CA | State  C A |
| Joint Owner's Signature (if applicable)  | Date (mo/day/yr)  | | |

19. REGISTERED REPRESENTATIVE'S STATEMENT

| | |
|---|---|
| 19A.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.) |
| 19B.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? |

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options, and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

| | | |
|--|---|--|
| Soliciting Registered Representative's Signature  <i>Cindy Brown</i> | Print Registered Representative's Full Name Cindy Brown | Option <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
| Registered Representative's Telephone Number (123) 456-7890 | Registered Representative's E-Mail Address cbrown@internet.net | |
| Broker/Dealer's Name Brown & Associates, Ins. | Brokerage Account Number (optional) | |

[Send completed application as follows:

APPLICATION WITH PAYMENT:

Regular Mail Delivery: P.O. Box 2290, Omaha, NE 68103-2290
 Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102

APPLICATION WITHOUT PAYMENT:

Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
 Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]



**PACIFIC LIFE****Pacific Life Insurance Company**

[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (877) 441-2357]

[Pacific Destinations B]*Variable Annuity Application***NOTE:** This application may only be used in the following states: [AL, AR, CT, DE, DC, IL, MT, NV, ND, & SD.]**1. ANNUITANT(S)** *Must be an individual. Check product guidelines for maximum issue age.*

| | | | | |
|---|--|---|--|---|
| Name (First, Middle, Last) John, Jim, Doe | | Birth Date (mo/day/yr) 01/01/1950 | | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address 123 Anystreet | | City, State, ZIP Anytown, CA 10000 | | SSN 123-45-6789 |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |
| Solicited at: State _____ | | Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative appointment purposes. | | |

ADDITIONAL ANNUITANT *Not applicable for qualified contracts or contracts with non-natural owners. Check One:* ☐ Joint ☐ Contingent

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN/TIN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

ADDITIONAL OWNER *Not applicable for qualified contracts.*

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

3. DEATH BENEFIT COVERAGE☐ [Stepped-Up Death Benefit *Owner(s) and Annuitant(s) must not be over age 75 at issue.*

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



4. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

6. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

7. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

| | | | | | |
|---|--------------------------------------|--|------------------------|------------------------|------------------------|
| Name (First, Middle, Last) Jane, Jill, Doe | Birth Date (mo/day/yr) 01/01/1950 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship Spouse | SSN/TIN 123-45-7890 | Percentage 100 % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |



8. CONTRACT TYPE *Select ONE.*

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Non-Qualified ^{1,2} | <input type="checkbox"/> SIMPLE IRA ⁴ | <input type="checkbox"/> Roth IRA ³ | <input type="checkbox"/> 401(a) ⁶ |
| <input type="checkbox"/> IRA ³ | <input type="checkbox"/> SEP-IRA | <input type="checkbox"/> TSA/403(b) ⁵ | <input type="checkbox"/> 401(k) ⁶ |

[¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan Disclosure.]

9. INITIAL PURCHASE PAYMENT

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

| |
|---|
| <input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____ |
| <input checked="" type="checkbox"/> Amount enclosed.....\$25,000 _____ |

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

| | |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Transfer | \$ _____ |
| <input type="checkbox"/> Rollover | \$ _____ |
| <input type="checkbox"/> Contribution | \$ _____ for tax year _____ |

10. REPLACEMENT

10A. EXISTING INSURANCE

| |
|---|
| <div><div>CHECK ONE</div><div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div></div> |
|---|

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

10B. REPLACEMENT

| |
|---|
| <div><div>CHECK ONE</div><div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div></div> |
|---|

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

| | | |
|------------------------|---------------------------|--|
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |

11. OPTIONAL RIDERS Subject to state availability. *To qualify for [Automatic Income Builder or CoreIncome Advantage5 Plus rider] benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[**Guaranteed Minimum Withdrawal Benefit** *Select one.*

- ☐ **Automatic Income Builder** *Annuitant(s) must not be over age 85 at issue.*
- ☐ **CoreIncome Advantage5 Plus** *(Select One) If neither box below is checked, the single life optional rider will be issued.*
- ☐ **Single Life** *Annuitant(s) must not be over age 85 at issue.*
- ☐ **Joint Life** *Both spouses must not be over age 85 at issue. (Complete the beneficiary information in Section 7.) Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]*

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.



12. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select a Custom Model in Section 16 and are using DCA Plus, you must allocate 100% of your investment to the DCA Plus term. If you select Asset Allocation Strategies or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations form]. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment. Note: Only DCA Plus may be used with Custom Models.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated or if a Custom Model is selected in Section 16.]

13. REBALANCING *If you select a Custom Model in Section 16, rebalancing will be quarterly. Otherwise, Rebalancing is optional.*

[☐ Quarterly ☐ Semiannually ☐ Annually]

14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

15. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

[District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]



16. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below and where applicable, if a selection was made in section 12, unless alternate instructions are on file or provided with the investment. **IMPORTANT:** To be eligible for an optional rider in Section 11, you must select **ONE** of the following options:







- I. **Sample Portfolios:** Select one portfolio. 100% of your investment will be allocated to the portfolio selected. [Note: The All Equity Sample Portfolio is not an available allocation option for use with Optional Riders in Section 11.]
- II. **Asset Allocation Strategies (Category D):** Indicate the percentage of your investment for each Asset Allocation Strategy. Allocations may be among these strategies and must total 100%. NOTE: [Portfolio Optimization Aggressive-Growth is not approved for investment if an Optional Rider is selected in Section 11.]
- III. **Custom Models:** For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D, excluding [Portfolio Optimization Aggressive-Growth.]

If you want to select individual investments and are **NOT** choosing an optional rider in Section 11, you may indicate any combination of investments, excluding the [Sample Portfolios.] Allocations must total 100%.



| | | | | | | |
|---|--|---------------------------------------|-------|--------------------|------------------------------------|--------------|
| <input type="checkbox"/> Sample Portfolios | EDWARD JONES SAMPLE PORTFOLIOS <i>Select only one.</i> <input checked="" type="checkbox"/> Balanced: Growth & Income <input type="checkbox"/> Balanced Toward Growth <input type="checkbox"/> Growth Focus <input type="checkbox"/> All Equity | | | | | |
| Select one: <input type="checkbox"/> ASSET ALLOCATION STRATEGIES (CATEGORY D) <input type="checkbox"/> CUSTOM MODEL <input type="checkbox"/> INDIVIDUAL INVESTMENTS | | | | | | |
| <u>Category A</u> Fixed-Income Portfolios | Franklin Templeton | Templeton Global Bond Securities Fund | ____% | PIMCO | Inflation Managed | ____% |
| | Lord Abbett | Total Return Portfolio-VC | ____% | T. Rowe Price | Short Duration Bond | ____% |
| | PAM | Cash Management | ____% | Western Asset | Diversified Bond | ____% |
| | PAM | High Yield Bond | ____% | Western Asset | Inflation Protected | ____% |
| | PIMCO | Managed Bond | ____% | | | |
| | | | | | | ____%Total |
| <u>Category B</u> Domestic Equity Portfolios | Alger | Small-Cap Growth | ____% | Janus | Focused 30 | ____% |
| | BlackRock | Capital Appreciation | ____% | Lazard | Mid-Cap Equity | ____% |
| | | V.I. Fund | ____% | MFS | MFS Value Series | ____% |
| | BlackRock | Equity Index | ____% | MFS | MFS Investors Growth | ____% |
| | BlackRock | Mid-Cap Value | ____% | | Stock Series | ____% |
| | BlackRock | Small-Cap Index | ____% | Morgan Stanley | Mid-Cap Growth | ____% |
| | ClearBridge | Large-Cap Value | ____% | NFJ | Small-Cap Value | ____% |
| | Franklin/BlackRock | Small-Cap Equity | ____% | Oppenheimer | Main Street® Core | ____% |
| | Invesco | Comstock | ____% | T. Rowe Price | Dividend Growth | ____% |
| | Janus | Growth LT | ____% | UBS | Large-Cap Growth | ____% |
| | | | | | ____%Total | |
| <u>Category C</u> International Equity and Sector Portfolios | Batterymarch | International Small-Cap | ____% | Lord Abbett | International Core Equity | |
| | Franklin Templeton | Mutual Global | | | Portfolio-VC | ____% |
| | | Discovery Securities | ____% | MFS | International Large-Cap | ____% |
| | J.P. Morgan | Fund | ____% | Morgan Stanley | Real Estate | ____% |
| | | International Value | ____% | Oppenheimer | Emerging Markets | ____% |
| | | | | | ____%Total | |
| <u>Category D</u> Asset Allocation Strategies | Pacific Dynamix | Conservative Growth | ____% | AllianceBernstein | VPS | |
| | Pacific Dynamix | Moderate Growth | ____% | | Balanced Wealth Strategy | ____% |
| | Pacific Dynamix | Growth | ____% | BlackRock | Global Allocation V.I. Fund | ____% |
| | Portfolio Optimization | Conservative | ____% | Franklin Templeton | VIP Founding Funds | ____% |
| | Portfolio Optimization | Moderate-Conservative | ____% | GE Investments | Total Return Fund | ____% |
| | Portfolio Optimization | Moderate | ____% | Invesco | V.I. Balanced-Risk Allocation Fund | ____% |
| | Portfolio Optimization | Growth | ____% | MFS | Total Return Series | ____% |
| | Portfolio Optimization | Aggressive-Growth* | ____% | PIMCO | Global Multi-Asset Portfolio | ____% |
| | | | | | ____%Total | |
| * Not available for investment if an Optional Rider is selected in Section 11. CATEGORIES A – D MUST TOTAL 100% | | | | | | ____%Total] |




17. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I certify that all answers to questions and statements made on this application are to the best of my knowledge and belief. **I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

| | | | |
|--|--|---|--|
| Owner's Signature  <i>John J. Doe</i> | Date (mo/day/yr)  01/02/2011 | Signed at: City  Anytown | State  C A |
| Joint Owner's Signature (if applicable)  | Date (mo/day/yr)  | | |

18. REGISTERED REPRESENTATIVE'S STATEMENT

| | |
|---|---|
| 18A.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.) |
| 18B.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? |

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options, and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

| | | |
|--|---|--|
| Soliciting Registered Representative's Signature  <i>Cindy Brown</i> | Print Registered Representative's Full Name Cindy Brown | Option [<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D] |
| Registered Representative's Telephone Number (123) 456-7890 | Registered Representative's E-Mail Address cbrown@internet.net | |
| Broker/Dealer's Name Brown & Associates, Inc. | Brokerage Account Number (optional) | |



**PACIFIC LIFE**

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives: (877) 441-2357]

[Pacific Destinations]*Variable Annuity Application*

NOTE: This application may only be used in the following states: [AL, AR, CT, DE, DC, IL, MT, NV, ND, & SD.]

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

| | | | | |
|---|--|---|--|---|
| Name (First, Middle, Last) John, James, Doe | | Birth Date (mo/day/yr) 01/01/1960 | | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address 123 Anystreet | | City, State, ZIP Anytown, CA, 11111 | | SSN 123-45-6789 |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |
| Solicited at: State _____ | | Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative appointment purposes. | | |

ADDITIONAL ANNUITANT *Not applicable for qualified contracts or contracts with non-natural owners. Check One:* ☐ Joint ☐ Contingent

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN/TIN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

ADDITIONAL OWNER *Not applicable for qualified contracts.*

| | | | | |
|---|--|------------------------|--|--|
| Name (First, Middle, Last) | | Birth Date (mo/day/yr) | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | City, State, ZIP | | SSN |
| Residential Address (if different than mailing address) | | City, State, ZIP | | |

3. DEATH BENEFIT COVERAGE

☐ [Stepped-Up Death Benefit *Owner(s) and Annuitant(s) must not be over age 75 at issue.*

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.]



4. ELECTRONIC INFORMATION CONSENT

FOR EVEN
FASTER
DELIVERY

E-Mail address: _____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK
IF YES

☐ Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

6. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

7. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

| | | | | | |
|---|--------------------------------------|--|------------------------|------------------------|------------------------|
| Name (First, Middle, Last) Jane, Joan, Doe | Birth Date (mo/day/yr) 01/01/1950 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship Spouse | SSN/TIN 123-45-6987 | Percentage 100 % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage % |



8. CONTRACT TYPE *Select ONE.*

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Non-Qualified ^{1,2} | <input type="checkbox"/> SIMPLE IRA ⁴ | <input type="checkbox"/> Roth IRA ³ | <input type="checkbox"/> 401(a) ⁶ |
| <input type="checkbox"/> IRA ³ | <input type="checkbox"/> SEP-IRA | <input type="checkbox"/> TSA/403(b) ⁵ | <input type="checkbox"/> 401(k) ⁶ |

[¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan Disclosure.]

9. INITIAL PURCHASE PAYMENT

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

| |
|---|
| <input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____ |
| <input checked="" type="checkbox"/> Amount enclosed.....\$25,000.00 |

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

| | |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Transfer | \$ _____ |
| <input type="checkbox"/> Rollover | \$ _____ |
| <input type="checkbox"/> Contribution | \$ _____ for tax year _____ |

9C. Letter of Intent for Reduced Sales Charge (Available at contract issue only.)

Purchase Payments in the aggregate amount of \$ _____

The amount specified above represents the total anticipated purchase payments for an immediate reduction in the sales charge percentage applied to my initial purchase payment. It is my intention to submit additional purchase payments over a period ending 13 months from the issue date of the contract. I understand that if I do not meet or exceed the amount indicated above in the 13 month period, that at the end of the 13th month, I will be subject to recalculation of the sales charge and proportionate deduction from all investment options, to account for the reduction in actual purchase payments received.

10. REPLACEMENT

10A. EXISTING INSURANCE

| | |
|------------------|--|
| CHECK ONE | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------|--|

Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

10B. REPLACEMENT

| | |
|------------------|--|
| CHECK ONE | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------|--|

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

| | | |
|------------------------|---------------------------|--|
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |

11. OPTIONAL RIDERS Subject to state availability. *To qualify for [Automatic Income Builder or CoreIncome Advantage5 Plus rider] benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[Guaranteed Minimum Withdrawal Benefit *Select one.*

- ☐ **Automatic Income Builder** Annuitant(s) must not be over age 85 at issue.
- ☐ **CoreIncome Advantage5 Plus** (Select One) If neither box below is checked, the single life optional rider will be issued.
- ☐ **Single Life** Annuitant(s) must not be over age 85 at issue.
- ☐ **Joint Life** Both spouses must not be over age 85 at issue. (Complete the beneficiary information in Section 7.) Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.



12. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select a Custom Model in Section 16 and are using DCA Plus, you must allocate 100% of your investment to the DCA Plus term. If you select Asset Allocation Strategies or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations form]. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment. Note: Only DCA Plus may be used with Custom Models.*

[DCA Plus Term

Select one:

☐ 6 months ☐ 12 months

_____ % of initial investment. Default will be 100% if not indicated or if a Custom Model is selected in Section 16.]

13. REBALANCING *If you select a Custom Model in Section 16, rebalancing will be quarterly. Otherwise, Rebalancing is optional.*

[☐ Quarterly ☐ Semiannually ☐ Annually]

14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

15. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

[District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]



16. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below and where applicable, if a selection was made in section 12, unless alternate instructions are on file or provided with the investment. **IMPORTANT:** To be eligible for an optional rider in Section 11, you must select **ONE** of the following options:







- I. **Sample Portfolios:** Select one portfolio. 100% of your investment will be allocated to the portfolio selected. [Note: The All Equity Sample Portfolio is not an available allocation option for use with Optional Riders in Section 11.]
- II. **Asset Allocation Strategies (Category D):** Indicate the percentage of your investment for each Asset Allocation Strategy. Allocations may be among these strategies and must total 100%. NOTE: [Portfolio Optimization Aggressive-Growth is not approved for investment if an Optional Rider is selected in Section 11.]
- III. **Custom Models:** For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D, excluding [Portfolio Optimization Aggressive-Growth.]

If you want to select individual investments and are **NOT** choosing an optional rider in Section 11, you may indicate any combination of investments, excluding the [Sample Portfolios.] Allocations must total 100%.



| | | | | | | |
|---|---|---------------------------------------|-------|--------------------|------------------------------------|-------------------|
| [Sample Portfolios | EDWARD JONES SAMPLE PORTFOLIS <i>Select only one.</i> <input checked="" type="checkbox"/> Balanced: Growth & Income <input type="checkbox"/> Balanced Toward Growth <input type="checkbox"/> Growth Focus <input type="checkbox"/> All Equity | | | | | |
| Select one: <input type="checkbox"/> ASSET ALLOCATION STRATEGIES (CATEGORY D) <input type="checkbox"/> CUSTOM MODEL <input type="checkbox"/> INDIVIDUAL INVESTMENTS | | | | | | |
| Category A Fixed-Income Portfolios | Franklin Templeton | Templeton Global Bond Securities Fund | ____% | PIMCO | Inflation Managed | ____% |
| | Lord Abbett | Total Return Portfolio-VC | ____% | T. Rowe Price | Short Duration Bond | ____% |
| | PAM | Cash Management | ____% | Western Asset | Diversified Bond | ____% |
| | PAM | High Yield Bond | ____% | Western Asset | Inflation Protected | ____% |
| | PIMCO | Managed Bond | ____% | | | |
| | | | | | | ____%Total |
| Category B Domestic Equity Portfolios | Alger | Small-Cap Growth | ____% | Janus | Focused 30 | ____% |
| | BlackRock | Capital Appreciation | ____% | Lazard | Mid-Cap Equity | ____% |
| | | V.I. Fund | ____% | MFS | MFS Value Series | ____% |
| | BlackRock | Equity Index | ____% | MFS | MFS Investors Growth | ____% |
| | BlackRock | Mid-Cap Value | ____% | | Stock Series | ____% |
| | BlackRock | Small-Cap Index | ____% | Morgan Stanley | Mid-Cap Growth | ____% |
| | ClearBridge | Large-Cap Value | ____% | NFJ | Small-Cap Value | ____% |
| | Franklin/BlackRock | Small-Cap Equity | ____% | Oppenheimer | Main Street® Core | ____% |
| | Invesco | Comstock | ____% | T. Rowe Price | Dividend Growth | ____% |
| | Janus | Growth LT | ____% | UBS | Large-Cap Growth | ____% |
| | | | | | ____%Total | |
| Category C International Equity and Sector Portfolios | Batterymarch | International Small-Cap | ____% | Lord Abbett | International Core Equity | |
| | Franklin Templeton | Mutual Global | | | Portfolio-VC | ____% |
| | | Discovery Securities | ____% | MFS | International Large-Cap | ____% |
| | J.P. Morgan | Fund | ____% | Morgan Stanley | Real Estate | ____% |
| | | International Value | ____% | Oppenheimer | Emerging Markets | ____% |
| | | | | | ____%Total | |
| Category D Asset Allocation Strategies | Pacific Dynamix | Conservative Growth | ____% | AllianceBernstein | VPS | |
| | Pacific Dynamix | Moderate Growth | ____% | | Balanced Wealth Strategy | ____% |
| | Pacific Dynamix | Growth | ____% | BlackRock | Global Allocation V.I. Fund | ____% |
| | Portfolio Optimization | Conservative | ____% | Franklin Templeton | VIP Founding Funds | ____% |
| | Portfolio Optimization | Moderate-Conservative | ____% | GE Investments | Total Return Fund | ____% |
| | Portfolio Optimization | Moderate | ____% | Invesco | V.I. Balanced-Risk Allocation Fund | ____% |
| | Portfolio Optimization | Growth | ____% | MFS | Total Return Series | ____% |
| | Portfolio Optimization | Aggressive-Growth* | ____% | PIMCO | Global Multi-Asset Portfolio | ____% |
| | | | | | ____%Total | |
| * Not available for investment if an Optional Rider is selected in Section 11. | | | | | | ____%Total |
| CATEGORIES A – D MUST TOTAL 100% | | | | | |] |




17. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received prospectuses for this variable annuity contract. I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief, and agree that this application will be part of the annuity contract issued by Pacific Life Insurance Company. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including sales charges. If I have elected to submit a Letter of Intent, I certify that I have read and understand the description of the optional election of providing a Letter of Intent for subsequent purchase payments, including the benefits and risks, in the prospectuses. I understand that I can qualify for a reduction in the sales charge percentage applied to the premiums submitted for this contract and have determined with the assistance of my registered representative that I have additional funds to make subsequent purchase payments within the first 13 months of this contract in the amount indicated in Section 9C of this application. I understand that if I do not meet or exceed the amount indicated in the 13 month period that I will be subject to recalculation and adjustment of the sales charge amount to adjust for the reduction in actual purchase payments received. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. **I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

| | | | |
|--|--|---|--|
| Owner's Signature  <i>John J. Doe</i> | Date (mo/day/yr)  01/01/2011 | Signed at: City  Anytown | State  C A |
| Joint Owner's Signature (if applicable)  | Date (mo/day/yr)  | | |

18. REGISTERED REPRESENTATIVE'S STATEMENT

| | |
|--|---|
| 18A.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.) |
| 18B.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? |

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 10B of this application. I hereby certify that I have used only Pacific Life Insurance Company's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life Insurance Company's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options; and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

| | | |
|--|---|--|
| Soliciting Registered Representative's Signature  <i>Cindy Brown</i> | Print Registered Representative's Full Name Cindy Brown | [Option <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D] |
| Registered Representative's Telephone Number (123) 456-7890 | Registered Representative's E-Mail Address cbrown@internet.net | |
| Broker/Dealer's Name Brown & Associates, Inc. | Brokerage Account Number (optional) | |



| | | | |
|--------------------------|---|------------------------|---------------------------|
| SERFF Tracking Number: | PACL-127015095 | State: | Arkansas |
| Filing Company: | Pacific Life Insurance Company | State Tracking Number: | 47863 |
| Company Tracking Number: | APPS | | |
| TOI: | A03I Individual Annuities - Deferred Variable | Sub-TOI: | A03I.002 Flexible Premium |
| Product Name: | Application | | |
| Project Name/Number: | Application/25-1198 | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|--------------------------|--------------|-----------------|
| Satisfied - Item: | CERTIFICATION | | |
| Comments: | | | |
| Attachment: | | | |
| AR CERTS.pdf | | | |
| | | | |
| | | Item Status: | Status Date: |
| Satisfied - Item: | Statement of Variability | | |
| Comments: | | | |
| Attachment: | | | |
| 5-1-11 App SOV.pdf | | | |

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

| <u>Form Number(s)</u> | <u>Form Description</u> |
|-----------------------|------------------------------|
| 25-1198 | Variable Annuity Application |
| 25-1199 | Variable Annuity Application |
| 25-1200 | Variable Annuity Application |
| 25-1201 | Variable Annuity Application |

I, Nancy A. Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill
Name

Assistant Vice President Compliance
Title

2/2/11
Date

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

| <u>Form Number(s)</u> | <u>Form Description</u> |
|-----------------------|------------------------------|
| 25-1198 | Variable Annuity Application |
| 25-1199 | Variable Annuity Application |
| 25-1200 | Variable Annuity Application |
| 25-1201 | Variable Annuity Application |

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill
Name

Assistant Vice President Compliance
Title

2/2/11
Date

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATEMENT OF VARIABILITY

Form Number(s) **Form Description**

| | |
|---------|------------------------------|
| 25-1198 | Variable Annuity Application |
| 25-1199 | Variable Annuity Application |
| 25-1200 | Variable Annuity Application |
| 25-1201 | Variable Annuity Application |

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced application forms. Any changes within these areas will be administered in accordance with the requirements of your State Insurance Department, including any requirements for prior approval of a change.

Variable Annuity Application Form No. 25-1198

| Page No. | Bracketed (Variable) Text | Explanation of Variability |
|----------|--|---|
| 1 | Product Name | The name of the Product applied for will be displayed. |
| 1 | Company Addresses, Website, Toll-Free Telephone Numbers | Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly. |
| 1 | States of Use | The states in which this application may be used will be listed here and may change from time to time. |
| 1-6 | Barcode and Date, bottom of each page. | Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode. |
| 1 | Section 3 – Death Benefit Coverage | The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new approved optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that have been previously approved. |
| 3 | Section 8 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k), Individual(k), 457(b), 501(c), Keogh/HR10] | The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued. |
| 3 | Section 8 - Contract Type: [¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if Owner is a non-natural person or | The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time. |

| | | |
|---|---|---|
| | corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan and 457(b) Plan Disclosure. ⁷ Complete Individual(k) Qualified Plan Disclosure.] | |
| 3 | Section 11 – Optional Riders | The optional riders shown in this section are any approved individual deferred variable annuity riders and which are available for the applicable contract. From time to time, we may add new optional riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional rider added to this section will only be those optional riders that have been previously approved. |
| 4 | Section 12 – Dollar Cost Averaging | The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated. If the Contract does not offer a DCA Plus option, the following language will appear “Note: DCA Plus is not available with this contract” . |
| 4 | Section 13 - Rebalancing | The rebalance schedules that are available under the Contract. All or any combination of the options shown could be displayed. |
| 4 | Section 15 – Fraud Notice | The fraud notices may change due to changing state laws, rules, or guidelines. |
| 5 | Section 16 - Allocation Options | The references to allocation options may change from time to time and Allocation options that are no longer available for use with optional riders in Section 11 will be listed here. |
| 5 | Section 16 – Allocation Options | The variable investment options within each Category shown are those currently available for investment. From time to time, we may add, change or delete those investment options without prior approval unless the change significantly alters the underlying structure of the contract. |
| 6 | Section 18 - Registered Representative's Statement: Option Box –[A] | The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G. |
| 6 | Regular Mail and Express Mail Delivery Addresses - Bottom of Page | Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly. |

Variable Annuity Application Form No. 25-1199

| Page No. | Bracketed (Variable) Text | Explanation of Variability |
|-----------------|---|---|
| 1 | Product Name | The name of the Product applied for will be displayed. |
| 1 | Company Addresses, Website, Toll-Free Telephone Numbers | Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly. |
| 1 | States of Use | The states in which this application may be used will be listed here and may change from time to time. |
| 1-6 | Barcode and Date, bottom of each page. | Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode. |
| 1 | Section 4 – Death Benefit Coverage | The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new approved optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that have been previously approved. |
| 3 | Section 9 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k), Individual(k), 457(b), 501(c), Keogh/HR10] | The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued. |
| 3 | Section 9 - Contract Type: [¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if Owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan and 457(b) Plan Disclosure. ⁷ Complete Individual(k) Qualified Plan Disclosure.] | The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time. |
| 3 | Section 12 – Optional Riders | The optional riders shown in this section are any approved individual deferred variable annuity riders and which are available for the applicable contract. From time to time, we may add new optional riders and remove those riders that are no longer available or for which new sales have been discontinued. |

| | | |
|---|--|---|
| | | Any new optional rider added to this section will only be those optional riders that have been previously approved. |
| 4 | Section 13 – Dollar Cost Averaging | The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated. If the Contract does not offer a DCA Plus option, the following language will appear “Note: DCA Plus is not available with this contract” . |
| 4 | Section 14 - Rebalancing | The rebalance schedules that are available under the Contract. All or any combination of the options shown could be displayed. |
| 4 | Section 16 – Fraud Notice | The fraud notices may change due to changing state laws, rules, or guidelines. |
| 5 | Section 17 - Allocation Options | The references to allocation options may change from time to time and Allocation options that are no longer available for use with optional riders in Section 12 will be listed here. |
| 5 | Section 17 – Allocation Options | The variable investment options within each Category shown are those currently available for investment. From time to time, we may add, change or delete those investment options without prior approval unless the change significantly alters the underlying structure of the contract. |
| 6 | Section 19 - Registered Representative's Statement: Option Box –[A] | The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G. |
| 6 | Regular Mail and Express Mail Delivery Addresses - Bottom of Page | Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly. |

Variable Annuity Application Form No. 25-1200

| Page No. | Bracketed (Variable) Text | Explanation of Variability |
|-----------------|---|--|
| 1 | Product Name | The name of the Product applied for will be displayed. |
| 1 | Company Addresses, Website, Toll-Free Telephone Numbers | Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly. |
| 1 | States of Use | The states in which this application may be used will be listed here and may change from time to time. |
| 1-6 | Barcode and Date, bottom of each page. | Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode. |
| 1 | Section 3 – Death Benefit Coverage | The optional death benefit rider shown in this section has been previously approved by the Department and available for the |

| | | |
|---|--|---|
| | | applicable contract. From time to time, we may add new approved optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that have been previously approved. |
| 3 | Section 8 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k)] | The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued. |
| 3 | Section 8 - Contract Type: [¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if Owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan and 457(b) Plan Disclosure. ⁷ Complete Individual(k) Qualified Plan Disclosure.] | The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time. |
| 3 | Section 11 – Optional Riders | The optional riders shown in this section are any approved individual deferred variable annuity riders and which are available for the applicable contract. From time to time, we may add new optional riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional rider added to this section will only be those optional riders that have been previously approved. |
| 4 | Section 12 – Dollar Cost Averaging | The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated. If the Contract does not offer a DCA Plus option, the following language will appear “ Note: DCA Plus is not available with this contract ”. |
| 4 | Section 13 - Rebalancing | The rebalance schedules that are available under the Contract. All or any combination of the options shown could be displayed. |
| 4 | Section 15 – Fraud Notice | The fraud notices may change due to changing state laws, rules, or guidelines. |
| 5 | Section 16 - Allocation Options | The references to allocation options may change from time to time and Allocation options that are no longer available for use with optional riders in Section 11 will be listed here. |

| | | |
|---|--|---|
| 5 | Section 16 – Allocation Options | The variable investment options within each Category shown are those currently available for investment. From time to time, we may add, change or delete those investment options without prior approval unless the change significantly alters the underlying structure of the contract. |
| 6 | Section 18 - Registered Representative's Statement: Option Box –[A] | The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G. |

Variable Annuity Application Form No. 25-1201

| Page No. | Bracketed (Variable) Text | Explanation of Variability |
|----------|--|---|
| 1 | Product Name | The name of the Product applied for will be displayed. |
| 1 | Company Addresses, Website, Toll-Free Telephone Numbers | Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly. |
| 1 | States of Use | The states in which this application may be used will be listed here and may change from time to time. |
| 1-6 | Barcode and Date, bottom of each page. | Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode. |
| 1 | Section 3 – Death Benefit Coverage | The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new approved optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that have been previously approved. |
| 3 | Section 8 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k)] | The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued. |
| 3 | Section 8 - Contract Type: [¹ For trust-owned contracts, complete Trustee Certification and Disclosure. ² For non-qualified contracts, if Owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, | The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time. |

| | | |
|---|--|---|
| | complete appropriate Inherited IRA Certification. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan and 457(b) Plan Disclosure. ⁷ Complete Individual(k) Qualified Plan Disclosure.] | |
| 3 | Section 11 – Optional Riders | The optional riders shown in this section are any approved individual deferred variable annuity riders and which are available for the applicable contract. From time to time, we may add new optional riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional rider added to this section will only be those optional riders that have been previously approved. |
| 4 | Section 12 – Dollar Cost Averaging | The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated. If the Contract does not offer a DCA Plus option, the following language will appear “Note: DCA Plus is not available with this contract” . |
| 4 | Section 13 - Rebalancing | The rebalance schedules that are available under the Contract. All or any combination of the options shown could be displayed. |
| 4 | Section 15 – Fraud Notice | The fraud notices may change due to changing state laws, rules, or guidelines. |
| 5 | Section 16 - Allocation Options | The references to allocation options may change from time to time and Allocation options that are no longer available for use with optional riders in Section 11 will be listed here. |
| 5 | Section 16 – Allocation Options | The variable investment options within each Category shown are those currently available for investment. From time to time, we may add, change or delete those investment options without prior approval unless the change significantly alters the underlying structure of the contract. |
| 6 | Section 18 - Registered Representative's Statement: Option Box –[A] | The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G. |

Except as otherwise described above, no other bracketed material appears within the applications.

Company Contact Person

For inquiries regarding this Statement of Variability, please contact:

J. Brian Deleget
Director, Compliance
Pacific Life Insurance Company
Email: amfproduct.filing@pacificlifec.com
Toll Free: (800) 722-2333 ext. 7262
Direct: (949) 219-7262